

NOV 27 2006

FAX TRANSMISSION

DATE: November 27, 2006

PTO IDENTIFIER: Application Number 10/665,532-Conf. #005925
Patent Number

Inventor: Esko AULANKO et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: BIRCH, STEWART, KOLASCH & BIRCH, LLP

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Attorney Dkt. #: 1381-0302P

PAGES (Including Cover Sheet): 14

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 Certificate of Transmission (1 page)

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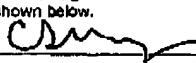
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Amendment in Response to Non-Final Office Action (9 pages)
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AMENDMENT TRANSMITTAL LETTER				Docket No. 1381-0302P	
Application No. 10/665,532-Conf. #005925		Filing Date September 22, 2003		Examiner K. A. Matecki	Art Unit 3654
Applicant(s): Esko AULANKO et al.					
Invention: ELEVATOR AND TRACTION SHEAVE OF AN ELEVATOR					
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Filed	Number Extra Claims Present	Rate	
Total Claims	15	- 20	= 0	x 50.00	0.00
Independent Claims	2	- 3	= 0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month 1,020.00					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 1,020.00					
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 02-2448 in the amount of \$ 1,020.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Dated: <u>November 27, 2006</u>					
<u>Joe McKinney Muncy</u> Joe McKinney Muncy Attorney Reg. No. 32,334 BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747					
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.					
Dated: November 27, 2006		Signature: 		(Christine Muglas)	

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PTO/SB/17 (07-08)

Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).		Complete If Known	
Fee TRANSMITTAL For FY 2006		Application Number	10/665,532-Conf. #005925
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 22, 2003
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Esko AULANKO
1,020.00		Examiner Name	K. A. Matecki
		Art Unit	3654
		Attorney Docket No.	1381-0302P

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
15	- 20 = 0	x 50.00	= 0.00			
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
2	- 3 = 0	x 200.00	= 0.00			
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

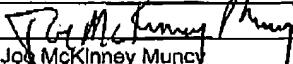
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month

1,020.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		32,334	(703) 205-8026
Name (Print/Type)	Joe McKinney Muncy	Date	November 27, 2006

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Dated: November 27, 2006

Signature: 

(Christine Magulas)